

715  
ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                         | INITIALS | ID NO. | DATE                 |
|----------------------------------|----------|--------|----------------------|
| <b>FEE DETERMINATION</b>         | E.H      |        |                      |
| <b>O.I.P.E. CLASSIFIER</b>       |          | L3     | 10-11-01<br>10/23/21 |
| <b>FORMALITY REVIEW</b>          |          |        |                      |
| <b>RESPONSE FORMALITY REVIEW</b> | E.H      | FLS    | 11-08-01             |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

| Claim    | Date    |
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| Final    |         |
| Original | 3/14/23 |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here